



Sheffield/Mineral Rescue

P.O. Box 252
Sheffield, IL 61361

Membership Application

Name _____ B-Day _____

Street Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

E-mail address _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____

Have you had any Medical Training? _____ Please Describe _____

There are minimum requirements to remain a member in good standing of the Sheffield Mineral Rescue Unit that require regular attendance and training in First Aid and related areas. **You must be willing to attend Unit meetings and training sessions to remain current and certified.**

Are you willing to be trained to the level of EMT-B/D? Yes _____ No _____

Please give a brief statement of why you would like to join the Sheffield Mineral Rescue Unit.

Signature _____ Date _____

For office use only	
Date approved _____	Director _____